

REMARKS/ARGUMENTS

The Office Action of June 4, 2008 and the comments therein were carefully considered. Claims 1-9, 11-19, and 21-22 remain pending in the instant application. Claims 1 and 11 have been amended.

Claim Amendments

In order to expedite allowance, claims 1 and 11 have been amended to more clearly state what is claimed. Claims 1 and 11 have been amended to recite, in various forms, that the dialect translator is bi-directional and capable of translating terms used by the individual user into equivalent terms used in support operations and conversely, translating terms used in support operations into terms used by the individual user. Further, claims 1 and 11 have been amended to recite in various forms that the general guidance can be overridden and replaced with guidelines for the individual patient. Applicant has fixed the informality in claims 1 and 11 from “patent based guideline” to “patient based guideline.” No new matter has been added.

Claim Rejections – 35 USC § 103

Claims 1-9, 11-19, and 21-22 stand rejected under 35 USC § 103(a) as being unpatentable over Joao (US 6,283,761) in view of Campbell et al. (US 6,047,259) and further in view of Ryan (US 5,809,476). Of the rejected claims, currently amended claims 1 and 11 are independent claims.

Joao relates to providing healthcare information by processing symptom and condition information for a patient in conjunction with standard or average healthcare information, healthcare theories, healthcare principles, and/or healthcare research to generate a diagnostic report including a list of standard diagnoses corresponding to average condition and symptom information. Abstract. A final diagnosis is selected

from the list and is used to generate a claim form. Abstract. The claim may then be processed. col. 4, lines 59-67 and col. 6, lines 45-51. Joao discusses managing patient records and healthcare information. col. 2, lines 30-45.

As stated by the Examiner, Joao does not teach a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user.

Further, the Examiner admits that Joao fails to teach a bi-directional dialect translator for translating between medical terms displayed to and entered by an individual user and corresponding equivalent but different medical terms employed in the support operations and bi-directionally translating the medical terms employed by the support operations into the medical terms displayed and used by the individual user.

Additionally, as echoed by the Examiner, Joao does not teach a medical support process including at least one process phase which includes one or more process operations. Joao does not teach that each of the process operations of a process phase includes at least one process form providing an interface between a user and the process operations of the process phase, each process form including fields for passing user inputs to the process operations and for displaying the results of the process operations to the user. Joao does not teach that each of the process operations of a process phase include at least one support process responsive to user inputs, the medical record and the guidelines for performing the process operations. As pointed out by the Examiner, Joao

also does not teach that the support processes execute an interactive dialogue between the medical support process and the user to provide guidance to the user in performing the medical support process according to the guidelines and dependent upon the user inputs and the medical record. Joao also does not fairly suggest any of the above limitations in its disclosure.

However, the Office Action alleges that although Joao does not disclose, Campbell does disclose wherein the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated [‡] based on user input. The Office Action cites to col. 17, lns. 8-22 and col. 18, lns. 7-10 for support. col. 17, lns. 8-22 of Campbell disclose:

The doctor can select a diagnosis by clicking on an item in the rule out list. When the doctor does so, the client sends a message to the server indicating the selected diagnosis. **The server removes the diagnosis from the rule out list, adds it to the tentative diagnosis,** and determines which abnormal observations are linked to the diagnosis. It then marks the abnormal observations that are linked to the selected diagnosis with a "D." The server sends the results of these operations back to the client to update the display dynamically. In the display, the selected diagnosis moves to the tentative diagnosis box, the abnormal observations linked to the selected diagnosis are marked with a "D" and the unresolved symptoms count is updated to a number reflecting the number of abnormal observations that are undiagnosed and not marked as removed.

Campbell, col. 17, lns. 8-22 (emphasis added).

col. 18, lns. 7-10 of Campbell recites;

[t]he additional therapy button **1012** and continue button **1014** link to other screens. This enables the doctor to go to another screen to modify the therapy protocol.

Campbell, col. 18, lns. 7-10

In the first cited section, Campbell discloses that the doctor clicks on a diagnosis from a rule out list and by the doctor clicking on a listed diagnosis in the rule out list, this

changes the clicked-on diagnosis from the rule-out list to a tentative diagnosis list. The rule out list is generated from a table that keeps a list of all ailments. Therefore, contrary to the Office Action's assertion, the cited passage does not disclose the claimed feature in currently amended claim 1 of "wherein the guidance provided to the user is capable of being overridden by the user and wherein the overridden guidelines are dynamically updated with a patient based guideline for the individual patient based on user input of the patient based guideline for the individual patient." Contrary to Campbell's clicking on a diagnosis to transfer the diagnosis from one list to another list, the feature in the instant application relates to guidelines for making a diagnosis and changing the standard guidelines to individual guidelines for the patient based on that patient's medical condition.

In the second cited support passage, Campbell discloses that a doctor can go to another screen to apparently click on another button to modify the treatment protocol. Campbell provides predetermined screens that allow a user to select among list rather than a dynamic interactive processing. Again, this cited passage does not teach or disclose that guidelines are dynamically changed and updated per the individual patient. Rather, Campbell provides predetermined screens that allow a user to select among list rather than a dynamic interactive processing. Applicant respectfully submits that the Office Action mistakenly attempts to equate that by clicking on a button, the user may change a listed item from recommended to required with the claimed feature of overriding the general guidance with guidelines based on the individual patient and dynamically updating those guidelines for the individual patient. Further, the Office Action mistakenly attempts to equate a user clicking on a diagnosis in one list (rule out

list) and the server transferring the clicked on diagnosis to another list (tentative diagnosis) with the claimed feature of “wherein the guidance provided to the user is capable of being overridden by the user and wherein the overridden guidelines are dynamically updated with a patient based guideline for the individual patient based on user input of the patient based guideline for the individual patient. Applicant respectfully submits that clicking on an item in a list is does not equate to the claimed feature of dynamically updating the guidelines for an individual patient with a patient based guideline for the individual patient.

Further, the Office Action admits that Campbell fails to disclose a bi-directional dialect translator capable of translating terms input by an individual user into different but equivalent terms used by support operations and conversely translating the terms used by the support operations into terms used by the individual user.

However, the Office Action alleges that Ryan does disclose the above claimed feature and cites to col. 4, lns. 9-50 of Ryan for support. (Office Action, p 6-7.)

Ryan relates to a system for coding data. (Abstract.) Nowhere does Ryan disclose or teach a bi-directional dialect translator that receives terms and forms entered by that practioner through an input device and provides the corresponding standard term or forms used by support operations and is capable of operating in reverse by reading standard terms and forms used by support operations and translating them into terms preferred by the user.

First, nowhere does Ryan disclose the claimed feature in amended claim 1 of “a bi-directional dialect translator for translating between medical terms displayed to and entered by an individual user and corresponding equivalent but different medical terms

employed in the support operations and bi-directionally translating the medical terms employed by the support operations into the medical terms displayed and used by the individual user.” The Advisory Action alleges that Ryan teaches bi-directional translation because if the “word or phrase does not match up with an entry in the word dictionaries, then the author of the text is given an error message.” The Applicant respectfully disagrees that Ryan teaches bi-directional translation of a users input into common medical terms used by support operations and, conversely translating the common terms used by the support operations back into the terms used by the individual user. An error message is not a translation. Applicant respectfully submits that the Advisory Action is mistakenly equating sending a common error message back to the author with the feature in the instant application of the bi-directional dialect translator after translating the terms used by the individual practitioner into common but equivalent terms used by the support operations, operating in reverse and translating the terms used in the support operations back into the dialect terms preferred by the practitioner. Nowhere does Ryan disclose or teach that the translator will operate in reverse and take common, standard or standardized set of terms and translate those terms into the terms used by an individual practitioner.

Second, Ryan discloses “a program, for execution by a computer, which analyzes input data describing an event, item or operation and produces coded output to represent the data.” (Ryan, col. 2, lns 19-22.) In Ryan, input text is parsed and output as representative codes and this code text is stored in a database. (Ryan, col. 3, lns 36-46.) Ryan produces code text representing words rather than the claimed feature in the instant application of translating a user terms into standard medical terms or words used by

support operations and conversely translating the standard medical terms back into the terms use be the user. Nowhere does Ryan disclose “a bi-directional dialect translator for translating between medical terms displayed to and entered by an individual user and corresponding equivalent but different medical terms employed in the support operations and bi-directionally translating the medical terms employed by the support operations into the medical terms displayed and used by the individual user.”

For at least the above reasons, Applicant respectfully submit that independent claim 1 is in condition for allowance. Claims 2-9 and 21 which ultimately depend from claim 1 are allowable for at least the same reasons as independent claim 1.

The Office Action has rejected independent claim 11 for the same reasons as independent claim 1 was rejected. Therefore, for at least the same reasons as presented for independent claim 1, independent claim 11 is in condition for allowance. Claims 12-19 and 22 which ultimately depend from claim 11 are allowable for at least the same reasons as independent claim 11.

Applicant respectfully submits that neither Joao, Campbell or Ryan, alone or in combination, disclose or teach the claimed features of currently amended independent claims 1 and 11. Therefore, for at least these reasons, Applicant respectfully submits that currently amended claims 1 and 11 are in condition for allowance. Moreover, claims 2-9 and 21 which ultimately depend from claim 1 and claims 12-19, and 22 which ultimately depend from claim 11 are allowable for at least the same reasons.

The Examiner makes several statements throughout the Office Action that certain features of the pending claims are “old and well known in the art” and relies upon Campbell and Ryan to support that proposition. However, as the Applicant has outlined

above, Campbell and Ryan do not disclose or provide sufficient evidence of these features. Therefore, in the event that the Examiner is implicitly taking Official Notice that these features are old and well known in the art apart from the Campbell and Ryan references, the Applicant respectfully traverses any such assertion of Official Notice. As demonstrated by Joao, Campbell, and Ryan, the novel combination of features claimed in pending claims 1-9, 11-19, and 21-22 is not old and well known in the art.

If the Examiner's assertion is based on the personal knowledge of the Examiner, then under MPEP § 2144.03(C) and 37 C.F.R. § 1.104(d)(2), the Examiner's assertion must be supported by an affidavit from the Examiner. In addition, the Applicant respectfully submits that the Examiner's assertions are not well known in the art as evidenced by the searched and cited prior art.

Consequently, the Applicant respectfully submits that the prior art does not teach or suggest the subject matter of the Examiner's assertions of Official Notice and respectfully traverse the Examiner's assertions of Official Notice.

CONCLUSION

In view of the above remarks, Applicant submits that the pending claims 1-9, 11-19 and 21-22 define allowable subject matter and are in condition for allowance. Reconsideration and allowance of claims 1-9, 11-19 and 21-22 is respectfully requested.

If the Examiner has any questions or the Applicant can be of any assistance, the Examiner is invited and encouraged to contact the Applicant at the number below.

The Commissioner is authorized to charge any necessary fees or credit any overpayment to the USPTO Deposit Account GEMS-IT, Account No. 502401.

Respectfully submitted,

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